



COUNTY COUNCIL OF NORTHUMBERLAND

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1944



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STAFF OF THE HEALTH DEPARTMENT.

—:O:—

County Medical Officer	John B. Tilley, M.D., B.Hy., D.P.H.
County Bacteriologist	...	...	...	Andrew I. Messer, M.A., M.B., Ch.B., D.P.H.
Maternity and Child Welfare Officer and Supervisor of Midwives	...	...	...	Janet M. Jamieson, M.B., Ch.B., D.P.H.
County Tuberculosis Officer (Clinical)	...	...	...	Francis L. Moore, M.B., Ch.B.
Deputy School Medical Officer	...	...	...	Wm. J. Pierce, M.B., Ch.B., D.P.H.
Medical Superintendent at Wooley Sanatorium	...	...	...	Alex. Scott, M.B., Ch.B.
Assistant County Medical Officer	...	...	...	Eliz. M. R. Clarke, M.B., B.Ch., D.P.H.
Do.	Do.	(Child Welfare)	...	Margaret F. Frazer, M.B., Ch.B., D.P.H.
Assistant School Medical Officer	...	...	...	Mary W. Dewell, M.B., B.S.
Do.	do.	do.	...	Anna Reid, M.B., Ch.B., D.P.H.
Do.	do.	do.	...	Edna T. Everdell, M.B., B.S., B.Hy., D.P.H.
Do.	do.	do.	...	*John A. Smail, M.B., Ch.B.
Do.	do.	do.	...	*Grahame Patton, L.R.C.P., L.R.C.S., D.P.H.
Resident Medical Officer, Dilston Hall	...	...	...	Donald S. Greig, M.D., M.R.C.O.G.
Emergency Maternity Hospital	...	...	...	(Resigned, May 1944).
Do.	do.	do.	do.	Herbert Hofmann, M.D., Prague.
				(Commenced May, 1944).
Senior Dental Officer	...	...	...	Arnold E. Robinson, L.D.S.
Superintendent Health Visitor	...	...	...	Hannah Weir, M.B.E., S.R.N. S.C.M., H.V. Cert., R.S.I., S.I., Cert. R.S.I., Maternity and Child Welfare Cert.
Almoner	...	...	...	Mary L. Thorp, A.I.H.A.
County Health Inspector	...	...	...	James Atkinson, C.R.S. Inst., M.S.I.A.
Chief Clerk	...	...	...	Mr. E. T. I'Anson.

* Part-time.



NORTHUMBERLAND COUNTY COUNCIL.

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1944.

*To the Chairman and Members of the County Council of
Northumberland.*

Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to present the Annual Report for the year 1944, which is again drawn up in the shortened form which has been adopted during the war years. Reference is made to the important vital statistics relating to the Administrative County as a whole and the report gives an outline of the work of the Council's Health Services.

It is now known that 1944 was the last complete year of the war in Europe, and it is satisfactory to be able to report for that year the highest birth rate for 18 years, the lowest infantile mortality rate on record for the County and a slight decline in the the general death rate. Not only are these statistics satisfactory but improvement and expansion in the County Health Services can also be reported in spite of, and indeed in some cases, stimulated by the war.

VITAL STATISTICS.

Population.

The decline in the civil population of the County as estimated by the Registrar General which has been recorded each year since 1939 was continued, though the fall was very small. The figure of 390,320 was recorded, a reduction of 420 on the previous year. The population in 1939 was 412,240. The decreases since the war have been largely attributable to the recruitment to the armed Forces and the direction to industry of both men and women. Although the estimated population was reduced, the number of live births exceeded the number of deaths by three thousand.

Birth Rate.

The rise in the birth rate in the County, which has been noted each year of the war, was continued, and, at 19.87 births per 1,000 population, it reached a level not exceeded since 1926.

As reported last year, though the decline in the population on which it is calculated has an effect on the rate, the effective cause of the rise is an increased number of births. In 1944 the number of babies born alive in the County was 7,756, an increase of 872 on the previous year, and an increase of more than 27% on the total for 1939, when the smallest number of births in any year for the County was recorded.

Reference was made in the last Report to the different experience during the last war, when the rate fell for the first three years. It is still not possible to say if the present trend will be a lasting one, or whether it is due solely to factors arising out of the present conflict.

General Death Rate.

The number of deaths recorded was 4,748, a smaller total than in 1943, and the general death rate fell slightly to 12.16 per 1,000 population. The number of deaths was actually less than in 1939, though the rate was lower for that year as the population was greater. The position may be regarded as satisfactory when consideration is given to the fact that the present civil population contains a bigger proportion of the higher age groups than was the case before the war. The death rate for England and Wales was 11.9 per 1,000 population.

Infantile Mortality Rate.

The infantile mortality rate fell to 48 per 1,000 births, the lowest figure ever recorded for the administrative County, the previous record being 54 in 1942. This improvement in the rate in the fifth complete year of the war is a matter for considerable satisfaction. While many factors may be involved in the reduction of this death rate, there can be little doubt that economic conditions in the area have had an appreciable effect. Although this was the lowest recorded rate for Northumberland, 372 babies died before reaching the age of one year, and a further reduction of this number must be still sought.

The infantile mortality rate for the whole of England and Wales was 46 per 1,000 births, the lowest on record, and a reduction of three on the previous record which had been maintained since 1942.

While the figure for the County as a whole was higher than the national record, the rate for that part of the County for which the Council is the Welfare Authority was lower than the national rate for the second time. There were 168 infant deaths recorded in this area, giving a mortality rate of 41 per 1,000 births.

Maternal Mortality.

The record of 1943, when the maternal mortality rate fell to 1.83 per 1,000 births, was not maintained in the year under review. There were sixteen maternal deaths, an increase of 3, and the mortality rate rose slightly to 2.01 per 1,000 births. This, however, was a smaller number of deaths and a lower rate than had ever been recorded prior to the preceding year, so that there was no evidence of any grave deterioration in the position.

The maternal mortality rate for the County was slightly higher than that for England and Wales which fell to a new low record of 1.93 per 1,000 births. The continuing advances in treatment and the extension of ante-natal care give reason to hope that these figures may yet be reduced still further.

Principal Causes of Mortality.

The table showing the chief causes of death which has been included in the Report for a number of years, is given below with the figures for 1943 for comparison :—

Disease.	1944.		1943.	
	No. of Deaths.	Percentage of total Deaths.	No. of Deaths.	Percentage of total Deaths.
Heart Disease	1,348	28.39	1,238	25.33
Cancer	725	15.27	686	14.04
Intracranial vascular lesions	554	11.67	530	10.85
Tuberculosis	238	5.01	252	5.16
Bronchitis	194	4.09	256	5.24
Other Diseases of the Circulatory system	171	3.60	191	3.91
Nephritis	145	3.05	169	3.46
Pneumonia	132	2.78	201	4.11
	3,507	73.86	3,523	72.10

There was a reduction in the number of deaths in all of these categories save the first three groups. The fall was most noticeable in deaths from pneumonia. Tuberculosis rose to fourth place in the list for the first time since 1937, although both the number and the percentage of deaths from this disease was less than in 1943.

A greater proportion of the total deaths than ever before was attributable to heart disease and cancer. The rise in the percentage of deaths caused by cancer has continued almost uninterrupted for some years, but the increasing proportion of old people in the population must be considered in assessing the full significance of this increase.

Infectious Diseases.

For the second time on record (the previous occasion being the year 1935) there was no death from enteric fever, and there were only three cases notified during the year, the smallest number recorded. The prevalence of typhoid and paratyphoid infections and the mortality from them have steadily declined from the time that these Annual Reports were first issued as sanitation and general hygiene have improved. While small numbers of cases may occur from time to time, it is satisfactory that the notifications should be so few for 1944 and that the mortality should be reduced to nil.

		1944.		1943.	
		<i>Notifications.</i>	<i>Deaths.</i>	<i>Notifications.</i>	<i>Deaths.</i>
Scarlet Fever	...	926	1	1,080	1
Enteric Fever	...	3	—	8	1
Diphtheria	...	817	31	517	28
Measles	...	2,275	3	3,132	6
Whooping Cough	...	834	10	1,035	12
Diarrhoea & Enteritis					
(under 2 yrs.)	...	—	36	—	23

This comparison shows that there was a decline in all notifications save diphtheria. Despite the increase in immunisation, there were more cases of diphtheria than there had been since 1941. However, though there were three more deaths than in 1943, the case mortality rate was reduced from 5.4% to 3.7%.

In many parts of the country it seems that the beneficial effects of immunisation are beginning to be apparent and the possibility of reaching the American and Canadian levels may not be far off. Northumberland has not yet had this experience, despite the fact that immunisation has been widely carried out. The explanation may lie in the very marked prevalence of the "*gravis*" type of diphtheria bacillus in the County, which in one series of observations reached 90%. We can remain confident that the good results achieved elsewhere can ultimately be attained in this area.

DIPHTHERIA IMMUNISATION.

In the 1942 Report reference was made to the employment of additional temporary Health Visitors for the work of diphtheria immunisation in the County Welfare Area. These Health Visitors move to each district in turn, taking over the routine duties of the permanent Health Visitor to allow her to devote all her time to persuading parents and arranging for the immunisation of the children. The scheme has proved successful and is still being continued.

In 1944, however, only 2,885 pre-school children in this area of the County were protected, compared with 3,350 the previous year. In the areas of the autonomous Welfare Authorities 2,036 children under 5 years were immunised, making a total of 4,921 pre-school children for the year. In addition, the Local Authorities immunised 1,686 school children, so that 6,607 children in all were protected.

During the five years 1940-1944, 33,479 children were born in the County, and during the same period 25,157 children under five years of age are known to have been immunised. The total number of children protected is greater than this, as some records for 1940 and 1941 are not available and no allowance is made for children immunised by private arrangements.

At the end of 1944 a total of 48,228 school children were known to be protected. Of 9,936 children examined at routine medical inspection in County Schools 83.9% were found to be immunised.

HOSPITAL TREATMENT.

The continuation of the war prevented any progress being made towards increased general hospital accommodation in the

County, but the arrangements between this Authority and Newcastle City Council were continued. While only a small number of County patients were treated in the City Hospitals, the total of 319 admissions was greater than in the previous year, despite the restriction of civilian admissions to hospital following the Allied landings in Normandy. The steady increase since 1940 is shown by these figures :—

<i>Year</i>	<i>Admissions</i>
1940	63
1941	96
1942	217
1943	261
1944	319

The majority of the patients were admitted to the Newcastle General Hospital, but a number were treated at the Thoracic Surgery Centre at Shotley Bridge. Though the numbers are still very small, there is evidence that this arrangement is increasingly appreciated in the County.

Staffing difficulties caused one of the small voluntary hospitals to suspend admissions for a time, but otherwise the work of the hospitals has proceeded normally. The greater part of the hospital treatment of Northumberland patients was carried out at the Royal Victoria Infirmary, Newcastle upon Tyne, as in past years.

The work of Hexham Emergency Hospital, which is administered by the Council, continued to increase. There was a total of 2,309 admissions, 638 being civilian patients, despite the restriction of admissions after D-Day. Hexham is an Orthopaedic Centre so that most admissions were from other hospitals and it was not until August that the hospital was working almost to capacity. The highest number of occupied beds was 575, including a ward of German prisoners of war. The number of operations increased to 1,208, the number of X-ray examinations rose to 5,250, and the number of physio-therapy treatments increased to 54,375 from 9,709 the previous year. The clinical direction of the work of the hospital was continued under the visiting consulting surgeons who are also on the staff of the Royal Victoria Infirmary.

TREATMENT OF CANCER.

Progress was made during the year with the arrangements for the formation of the North of England Joint Cancer Committee

to discharge the functions of the authorities concerned under the Cancer Act, 1939. The County Councils of Northumberland, Durham, Cumberland and the North Riding of Yorkshire, together with the County Borough Councils of Newcastle, Sunderland, Middlesbrough, Gateshead, South Shields, Darlington, West Hartlepool, Tynemouth and Carlisle, agreed to act and to delegate their functions to the Cancer Committee, though only part of the North Riding was included in the scheme. This Council appointed two members to serve on the Committee, which has a total membership of twenty-eight, including nine co-opted members representing the hospitals in the area.

As a war-time measure, a Cancer Unit has been established at Shotley Bridge Emergency Hospital and the scheme provides for the immediate use of this Unit, and for the ultimate transfer of the work to the two major hospitals in Newcastle. The provisions are set out in two parts :—

(a) *Immediate proposals.*

All cancer cases, except those requiring surgical treatment only, special types of cases such as brain tumours, etc., and a certain number of patients who require out-patient treatment shall be referred from the Royal Victoria Infirmary, Newcastle upon Tyne, and the Newcastle General Hospital to the Cancer Unit at the Shotley Bridge Emergency Hospital, to which there shall be seconded certain members of the staff from the Royal Victoria Infirmary and the Newcastle General Hospital. Other Hospitals within the scheme shall be at liberty to transfer patients to Shotley Bridge. The cost of maintenance and treatment shall be recoverable from the Constituent Authority sending in the patient.

The out-patient departments of the two Newcastle Hospitals will continue to receive cases for investigation and to those departments patients on discharge from Shotley Bridge can return conveniently for inspection and "follow-up."

The existing arrangements whereby a Radio-therapist from Newcastle holds periodic clinics at the Cumberland Infirmary at Carlisle, shall be continued and the Cumberland County Council and the Carlisle City Council shall be free to continue to send cases of cancer for treatment to hospitals in Newcastle or elsewhere.

A Central Bureau shall be established with an office at the Royal Victoria Infirmary under the charge of a Director who shall be a medical officer having qualifications and experience appropriate for the post. There shall also be appointed a Deputy Director and other necessary staff.

For the purposes of the Local Government Superannuation Act, 1937, in its application to employees of the Cancer Committee, the superannuation fund shall be that administered by the County Council of Northumberland.

The Director shall be appointed and dismissed jointly by representatives of the Cancer Committee and the Royal Victoria Infirmary in equal numbers. In the case of medical members of the staff seconded for duty in hospitals or Institutions within the area, appointments and transfers shall be made by the Cancer Committee in consultation with the governing body of the Hospital or Institution.

Preliminary Investigation Clinics shall be established where out-patient departments are not readily accessible.

(b) The early post war years.

The Hospitals of the Central Organisation. The Royal Victoria Infirmary, by virtue of its position as the Teaching Hospital of the Medical School of the University of Durham will be the Headquarters Hospital of the Central Organisation. It will deal with all types of cancer except those referred for treatment in the specialised departments of the Newcastle General Hospital. It will be fully equipped with every available form of radio-therapy. The Central Bureau of the Cancer Organisation will be situate in the Royal Victoria Infirmary, but will be administratively distinct from the Hospital. Patients suffering from cancer will be treated in the wards and out-patient departments of the Infirmary by the members of its Honorary Staff, the whole-time radio-therapists of the hospital and the whole-time medical staff of the Central Bureau, *e.g.* the Director or his Deputy. The out-patient department of the hospital will be the principal diagnostic centre for the area.

For patients admitted for treatment or attending for out-patient treatment or consultation, the Infirmary will receive from the Constituent Authorities concerned, or other

sources, a sum covering the cost of maintenance fees payable in respect of medical and other services. These charges will normally be calculated at weekly or daily rates. Close liaison will be maintained between the hospital and the Cancer Committee.

The Newcastle General Hospital which possesses adequate radio-therapeutic facilities for the purpose, will receive and treat all types of cancer, subject to any restriction which may hereafter be imposed by the Cancer Committee. In view of the existence of specialist departments for Thoracic and Neuro-Surgery at the Newcastle General Hospital, patients suffering from malignant disease effecting the respiratory and nervous systems will ordinarily be referred to this hospital.

Out-patient facilities for radio-therapeutic treatment and for consultation will be available at the Newcastle General Hospital, and all necessary services will be provided by members of the consulting medical staff of the hospital, its whole-time radio-therapists and the whole-time members of the medical staff of the central Bureau. Costs for maintenance and treatment will be recovered in the same way as at the Royal Victoria Infirmary.

The Associated Hospitals. Other hospitals approved by the Cancer Committee and the Minister of Health which possess facilities for radio-therapeusis will use them in co-operative consultation with the whole-time medical staff of the Central Bureau, and the functions of such hospitals in general will be to carry out the surgical treatment of cancer, to provide diagnostic clinics and clearing centres for their areas and such other functions as may be decided from time to time by the Cancer Committee and approved by the Minister of Health. They will work in close association with the hospitals of the Central organisation and the whole-time officers of the Central Bureau. The costs of services rendered in respect of in-patients and out-patients will be recovered by the hospitals from the Constituent Authorities concerned.

The Cumberland Infirmary. In view of the isolation of the area this Infirmary will be up-graded by the Cancer Committee in agreement with the governing Body of the Infirmary. A special Cancer Unit will also be built equipped

with facilities for deep X-Ray, radium and surgical treatment of Cancer. The cost of such up-grading shall be borne by the County Council of Cumberland, the City of Carlisle and the Cumberland Infirmary in such proportions as they may agree.

Preliminary Investigation Clinics. Wherever possible patients will be sent for preliminary investigation to the out-patient department of a central or associated hospital, but where the question of the distance to be travelled may act in the first instance as a deterrent to the patient preliminary investigation clinics will be established in such relatively remote districts. In such circumstances which should arise but seldom, the Constituent Authority responsible will provide the necessary accommodation and the Cancer Committee will arrange for the attendance of one of its whole-time medical staff, or some other medical officer. These clinics shall be visited regularly by members of the Headquarters staff to assist in preliminary diagnosis and follow up work.

The Central Bureau. The Central Bureau, situated at the Royal Victoria Infirmary, will be an administrative entity distinct from the hospitals and will be controlled by the Cancer Committee. The executive officer of the bureau will be the Director of the Cancer Organisation, who will be a whole-time medical officer with special knowledge of cancer and its treatment. Other whole-time medical officers, *e.g.* Deputy Director, etc., will be borne on the strength of the bureau, and like the Director will be available for duty in any of the hospitals in the area or in preliminary investigation clinics. Certain specialist staff, in particular a Senior Physicist, will also be required. The remainder of the staff of the department will consist of clerks and almoners. The functions of the bureau will include the registration of cases the keeping of proper records, almoning, the allocation of cases to hospital, and the organisation of local propaganda.

Capital Expenditure on Hospitals. Any future Capital Expenditure on improvements, extensions or equipment at the Royal Victoria Infirmary, the Newcastle General Hospital or any of the Associated Hospitals shall be financed by the Board of Management of the Hospital on whose behalf such Capital Expenditure is incurred and shall not be a charge on the Cancer Committee.

The expenses of the Cancer Committee shall be borne by the constituent Authorities in proportion to the population of the areas served, though the cost of treatment of patients in hospital is to be met by each Authority individually.

The Cancer Committee agreed to refer as far as is practicable all professional and technical matters arising out of the execution of the scheme to a Medical Advisory Committee. This Committee has now been established and consists of medical representatives of the hospitals, the University of Durham, the British Medical Association and the Medical Officers of Health of the Authorities concerned.

The scheme did not come into operation during the year but commenced early in 1945, and at the time of writing the Cancer Committee have appointed a Director.

TUBERCULOSIS SERVICE.

There was a slight reduction in the number of deaths from tuberculosis compared with 1943. The total was 238 compared with 252 and the death rate fell from 0.64 to 0.61 per 1,000 of the population.

It is of interest to compare the deaths and the death rates from this disease during the five complete years of the war :—

<i>Year.</i>	<i>Deaths</i>	<i>Rate per 1,000 population.</i>
1940	284	0.69
1941	259	0.63
1942	192	0.48
1943	252	0.64
1944	238	0.61

The figures for 1942 are the lowest ever recorded for the County, and, while strictly accurate comparison with the years before 1940 is not possible, all the figures are lower than any year before the war except 1938. It seems that, despite variations due to the war, the number of deaths from tuberculosis is still tending to fall. At least it can be said

that the fall has not been reversed, as these figures show :—

<i>Year</i>	<i>Deaths.</i>	<i>Rate per 1,000 population.</i>
1904	807	1.93
1914	540	1.37
1924	463	1.13
1934	334	0.81
1944	238	0.61

The death rate from tuberculosis for England and Wales was 0.62 in 1944, so the County rate remained slightly below the national figure.

The rise in the number of notifications of new cases of tuberculosis since 1942 was continued, and the total of 640 cases, comprising 506 respiratory and 134 non-respiratory infections, was a marked increase on the previous year. This total was the largest number of new cases of tuberculosis since 1934, when 714 cases were notified. As in 1943 the number of cases was considerably in excess of the total of 537 cases for 1938, the last complete year before the outbreak of war.

The figures for each year since 1938 are shown thus :—

<i>Year.</i>	<i>Respiratory.</i>	<i>Non-Respiratory.</i>	<i>Total. notifications</i>
1938	347	190	537
1939	288	130	418
1940	343	111	454
1941	346	116	462
1942	298	116	414
1943	458	125	583
1944	506	134	640

While these figures show that there has been a considerable increase in the number of new tuberculous infections occurring in the County, to some extent the increase can be attributed to better ascertainment and diagnosis in H.M. Forces and in industry.

In 1943, it was reported that record use had been made of the Dispensaries. This record was broken in 1944, when, apart from contacts, 1,669 new patients sought advice, an increase of 328 on the 1943 record. The number of patients found to be tuberculous rose from 329 to 384, but the steady increase in

the number of non-tuberculous patients seeking advice is an indication of the value of the service in excluding this disease and helping to establish a correct diagnosis.

A comparison of new cases and contacts with the previous years' figures and with the last complete year before the war is shown below :—

New Cases.

		1944	1943	1938
Definitely tuberculous ...	...	384	329	274
Diagnosis not completed ...	...	120	99	56
Non-tuberculous ...	...	1,165	913	510
		<hr/>	<hr/>	<hr/>
Total ...		1,669	1,341	840

Contacts.

Definitely tuberculous ...	...	40	37	28
Diagnosis not completed ...	...	40	26	14
Non-tuberculous ...	...	403	383	291
		<hr/>	<hr/>	<hr/>
Total ...		483	446	333

The number of new cases was twice as many as in 1938 and the total number of 3,084 X-ray examinations carried out in connection with the Dispensaries was three times as great as in that year.

Wooley Sanatorium.

A slightly smaller number of patients was treated at the Sanatorium in 1944 than the year before. There were 268 admissions and 165 patients remained in hospital at the end of the year.

The value of Surgical treatment of pulmonary tuberculosis in selected cases is now well established and this work has steadily expanded at Wooley during the last ten years, during which time Mr. G. A. Mason has acted as Thoracic Surgeon. There was a considerable increase in this work during the year and the following is a detailed list of the operations performed by Mr. Mason during that period.

			<i>At Hexham War Memorial Hospital</i>	<i>At Shotley Bridge Emergency Hospital</i>	<i>Total</i>
Adhesion Division	...		2	—	2
Thoracoscopy	...	...	6	2	8
Thoracoscopy with divi- sion of adhesions	...		42	8	50
Thoracoplasty---					
1st stage	...	...	1	10	11
2nd stage	...	...	2	7	9
3rd stage	...	...	1	—	1
Phrenic Crush	...	...	5	—	5
Phrenic Evulsion	...	...	1	—	1
Bronchoscopy	...	...	4	—	4
Korrekturplasty	...	...	3	1	4
Bronchogram	...	...	1	—	1
Anterior Thoracoplasty	...		1	1	2
Thoracotomy and Drainage of Empyema	...	...	1	—	1
			—	—	—
TOTALS	...		70	29	99

Artificial pneumothorax was continued and 56 inductions performed. 1,370 X-ray examinations were made during the year.

The value of dental hygiene in the Sanatorium is considerable and an Assistant School Dental Officer continued to attend regularly. A properly equipped dental surgery was provided during the year and 432 appointments were made.

Residential Treatment in other Hospitals.

During the year two six-bed wards in Ponteland Emergency Hospital were made available for pulmonary tuberculosis cases, and 32 patients were admitted during the period the wards were in use.

At Preston Hospital there were 4 less admissions than in 1943, though the number of patients at the end of the year was 36, a slight increase on that a year earlier.

Admissions to the Children's Sanatorium increased to 82 from 58, but there was still need for the use of more beds in this institution.

Considerably more use was made of the accommodation available for the treatment of adult cases of non-pulmonary tuberculosis by the Ministry of Health in the Orthopaedic Centre at Hexham Emergency Hospital. Though only three patients were admitted during the previous year, 24 patients received treatment in the Hospital in 1944 and 20 beds were occupied at the end of the year.

Maintenance Allowances.

Reference was made last year to the introduction of the Government's scheme of maintenance allowance which commenced in the County on 1st July, 1943. The scheme was in operation during the whole of 1944 and worked satisfactorily. At the beginning of the year 166 patients were receiving allowances, and payments were made to 234 new patients in the course of the twelve months, so that 400 persons in all received allowances during the year. Travelling allowances were paid in 25 cases and 10 patients received discretionary allowances in addition to the standard allowance. The total expenditure involved amounted to £9,274.

After-care.

The most notable advance in connection with the tuberculosis service was the establishment of an After-care Organisation. The need for the service to take an interest in the welfare of the patient after his return from treatment had become increasingly apparent, and the Government scheme of allowances focussed attention on the necessity for considering economic and environmental factors in each case and in each family. The Public Health Committee, therefore, set up an After-care Sub-Committee which itself set out to establish Area Committees to cover the County.

Miss Mary L. Thorp was appointed Almoner and took up her duties on 12 July. A considerable part of her time was occupied at first with setting the scheme in motion, and by the end of the year Area Committees had been constituted in Ashington, Blyth and Wallsend. These Committees were very successful and a considerable amount of work was carried out.

From July to the end of the year 291 cases were referred to the Almoner, of which 104 were on investigation referred to the Area Committees. Details of the help given will be found in the tables at the end of the report. The Almoner visited 93 patients in their homes.

COUNTY LABORATORY.

The steady increase in the use of the facilities provided at the County Laboratory continued during the year, and the County Bacteriologist reported on 41,271 specimens, 9,108 more than in the previous year. The number of reports issued does not directly reflect the amount of work done in the Laboratory, nor does the value of the service depend entirely on this figure, but the remarkable expansion of this total in the last few years is a matter which is worthy of comment.

There were increases in almost all the groups of specimens examined, but the greatest rises were in venereal diseases specimens, which increased to 20,458, and in swabs for diphtheria bacilli, a total of 11,169 such examinations being carried out. The number of specimens of milk examined for tuberculosis was less than in 1943, and the number of water examinations also decreased.

Tables, showing summaries of the work of the Laboratory, are given at the end of the Report.

During the year the County Boroughs of Gateshead, Newcastle and Tynemouth formed a Joint Committee with the County Council of Durham to control bacteriological services in their areas. The Joint Committee took over the management of the Public Health Laboratory of the University of Durham at King's College, and the City Laboratory at the Newcastle General Hospital. This Authority did not agree to membership of the Joint Committee immediately, but accepted a scheme for the co-ordination of the County Laboratory with the Joint Committee's Laboratories.

Under this arrangement, both bodies agreed to meet certain standing charges in respect of the Laboratories under their control, and "user" charges were to be ascertained and pooled for all three Laboratories. The scheme allowed for the interchange of specimens and other means of co-ordination and for a unit cost per specimen being calculated from the user charges for use in assessing amounts due to either Authority from the other for work done. A Joint Consultative Committee, consisting of four members of the Joint Committee and two of the County Public Health Committee was set up, while the County Bacteriologist and the County Medical Officer became members of the Medical Advisory Committee.

The scheme came into operation on January 1st, 1945.

MILK (SPECIAL DESIGNATIONS) REGULATIONS.

There has been, since the war, a steady increase in the number of persons to whom it has been possible to issue licences to produce Tuberculin Tested milk, while the number of Accredited licences has decreased. This is a change which must be welcomed and every encouragement should be given to the production of Tuberculin Tested milk.

In 1939 there were only 24 Tuberculin Tested licences in the County. In 1944 there were 61 licences issued for Tuberculin Tested milk, an increase of 22 compared with the previous year and 37 more than in 1939. Only 158 Accredited licences were granted, compared with 199 in 1939.

	<i>Licences issued.</i>	<i>Visits to farms.</i>
Tuberculin Tested (Certified) ...	18	251
Tuberculin Tested (Bulk) ...	43	
Accredited	158	742

The considerable increase of visits of inspection from 401 in 1943 to 993 in the period under review was due to the employment of an Assistant County Health Inspector throughout the year.

WATER SUPPLIES.

Local Authorities may submit samples of water to the County Laboratory for bacteriological examination free of charge. Reports on two hundred and thirty-seven samples were issued during the year.

In the South-East part of the County the water supplies have been well maintained within the areas of supply by the Newcastle and Gateshead Water Company and Tynemouth Corporation. From these supplies some 63 samples were obtained at different points of distribution and submitted for bacteriological examination and of these 61 were classified as highly satisfactory.

In the rural portion of the County the water resources would appear, in most cases, to be adequate, but the question of collection, storage and distribution to meet both present and future needs requires the urgent attention of the Local Authorities concerned. Many of the farms have an inadequate supply of water and in some cases it is of doubtful quality. During the year 174

samples were submitted from rural areas for bacteriological examination and 71 were classified as highly satisfactory, 19 satisfactory, 32 suspicious and 52 as unsatisfactory.

In the case of suspicious and unsatisfactory samples, the Officers of the District Councils from whose areas the sample is obtained check up at the source of supply with a view to eliminating any possible cause of contamination and take any action that may be necessary to protect consumers. In any such cases, close contact is kept with this Department through the County Health Inspector.

Chemical analyses are made of new sources of supply, but it is not a regular practice of Local Authorities to submit samples of existing supplies for this examination unless there is some particular reason for so doing.

VENEREAL DISEASES.

The increase in the number of new patients dealt with for the first time at the Joint Committee's Clinic in the Newcastle General Hospital which had been noted in the two previous years was not continued in 1944, when the total was reduced to 841, a decrease of 91 on the figure for 1943. The reduction may to some extent have been influenced by the establishment of treatment facilities at Blyth. The fall in numbers covered all classes of patients, including early infective syphilis. There was an increase in the number of male patients admitted to hospital for intensive treatment for syphilis.

Seventeen cases of congenital syphilis were treated for the first time, one more than in the previous year. This remains a grave problem and the ante-natal serological testing scheme may help in ensuring adequate treatment for these cases.

The scheme for the treatment of venereal diseases by recognised general practitioners continued, though little use was made of the service. Only 39 new patients were seen during the year and 16 of these were transfers from other areas where they had received treatment. The number of patients was less than in 1943, and there is no evidence that the scheme has had any appreciable effect on the treatment of venereal disease in the County.

There was an increase both in the number of new cases dealt with at Preston Hospital, Tynemouth, and in the total attendances. The number of patients increased from 38 to 58, while 1,309 attendances were recorded against 1,113 in 1943.

Blyth Clinic.

An addition to the facilities for the treatment of venereal diseases in the County was made during the year by the establishment of a special clinic in Blyth by this Council. Premises were rented and when the necessary adaptations had been carried out the clinic was opened on 2nd February. The Joint Committee assisted this scheme by providing a medical officer and a male orderly to attend each session. Female nursing attendance was provided by a County Health Visitor who received special training.

Sessions were held twice weekly, and the Clinic proved to be most successful in its work. A total of 202 new cases was dealt with for the first time during the year and there were 103 patients under treatment or observation at the end of the year. The Clinic was particularly useful in dealing with the treatment of Allied seamen and of female patients in the district.

Contact Tracing.

Since the inception of the Tyneside Scheme for the Control of Venereal Diseases in October, 1943, and up to December, 1944, some 212 contacts had been sought.

This number is made up of the following :—

Complete names and addresses	...	109
Incomplete information	... ..	41
Vague information	... ..	62
		<hr/>
		212

Of this number 162 contacts have been identified, 113 by the contact tracer, 49 of their own accord having already attended for treatment.

This would appear to be satisfactory when it is noted that of the 212 contacts sought, information regarding 103 was either incomplete or vague, which entails a greater amount of skill in location, very often in licensed premises.

Contacts having been named by more than one patient have in all but one case been persuaded by the contact tracer to attend for treatment without resorting to action under Regulation 33B.

The contact tracer has in all cases been well received during interviews with both men and women, which suggests that the success of this part of the scheme depends to a very large degree on the personality and method of approach by the contact tracer.

Indeed, in many instances her visit has been welcomed and she has been able to assist the patient with many marital and social problems and has allayed much mental anxiety.

The co-operation of the managers and proprietors of licensed premises has not proved as difficult as it would have first appeared. The result has exceeded all expectations and they and their staff have been most obliging and responsive to any enquiry.

The type of person causing most anxiety is the "irresponsible." Where possible, these cases are, with the co-operation of the Clinical Medical Officer of the Joint Committee's clinic, hospitalized for intensive treatment which shortens the period of infectivity.

A report on "The Social Background of the Venereal Diseases" was produced after the first six months of the Tyneside Scheme and was widely circulated.

The details of the work in connection with Regulation 33B in the County area alone during the year are shown in the following list :—

Total number in respect of whom Form I	
was received	55
Number of these cases in which attempts	
were made outside the Regulations	
to persuade contact to be examined	53
Contacts found	34
Contacts examined	32

Two or more Forms I were received in respect of 4 individuals all of whom were traced and examined after persuasion.

Defaulter Visiting.

This is one of the most important parts of the scheme. Where a patient fails to keep her appointment for treatment at the Clinic, the contact tracer visits the home to ascertain the reason for her non-attendance.

In many instances this default in treatment is due to some domestic difficulty which the contact tracer is able to adjust. In some cases it is due to ignorance of the necessity for regular attendance ; this again is adjusted by the visitor. In very few cases has the patient refused to return for treatment. The length of treatment has been in many instances the cause of defaulting, the patient getting discouraged and indifferent as to her fate.

Ante-Natal Serological Tests.

The scheme whereby provision was made for the examination of serological specimens in expectant mothers has proved successful. An extremely small percentage have refused to avail themselves of this service.

The following table shows the total number of serological specimens submitted to the Bacteriological Department for examination during the period 1st January to 31st December, 1944 :

	<i>Northumberland.</i>	<i>Blyth.</i>	<i>Gosforth.</i>	<i>Ashington.</i>
	1,340	522	104	302
Positive cases	8	8	—	1

It is interesting to note that of the 17 positive cases their clinical history was apparently good and diagnosis could not have been made except by serological examination. Each of these patients was referred to the Clinical Medical Officer for advice and treatment.

DENTAL SERVICES.

The amount of work carried out by the County Service other than the treatment of school children was slightly less than in 1943, save for fillings. The work, however, was greater than in any year other than 1943, and there was no evidence of any falling off in the number of patients coming forward for treatment. The decreases were largely due to shortage of staff during the year.

While conservative work still accounts for only a small part of the work it is slowly increasing.

The details of the service are shown in Table 23.

MATERNITY AND CHILD WELFARE.

The work of the midwifery services in the County was increased during the year, despite staffing difficulties. The increase in domiciliary confinements was even greater than a year earlier. The County Nursing Association midwives attended 271 more cases and County Council midwives 143 more, the total being 4,884 against 4,470 the previous year. It was necessary to employ an additional County Midwife, bringing the total to seven, but the staff of the County Nursing Association was reduced.

The number of cases attended by midwives in institutions was increased by 533 to 1,713 patients. This figure has increased almost fivefold in five years and is indicative of a trend which will probably persist after the war though possibly in less degree. Detailed comparisons over the war years are shown in Table 14 at the end of the Report.

The Mona Taylor Maternity Home, which was opened by the Council at the end of 1943, was in use throughout the year, and preparations were made to establish another maternity home in Berwick, though this was not opened until 1945.

The Maternity and Child Welfare Services of the Council continued to expand and assistance in the medical attendance at Clinics was given to both Ashington and Bedlington Urban District Councils, in addition to the attendance at the Ante-Natal Clinics of the Blyth Borough Council. Both the Ashington and Bedlington Councils discussed the transfer of their functions as Welfare Authorities to the County Council, and, at the time of writing, both transfers have been made by the Ministry of Health.

Dr. M. F. Fraser was appointed Assistant Maternity and Child Welfare Officer and there was an increase of three in the staff of Health Visitors. In addition, two clerks were appointed for attendance at Clinics.

Tillmouth Park Residential Nursery Unit came into use during the year and the Council thus administered two war-time day nurseries and two residential units. The demands on Tillmouth Park were not great, but Hedgeley Hall Residential Nursery remained in full occupation through the year, and the day nurseries at Alnwick and Prudhoe were well attended. There can be little doubt that both day and residential nursery accommodation is necessary in the County, and, though it will not be possible to maintain the existing nursery units, it will be necessary carefully to consider the provision of a residential nursery and the maintenance of the day nurseries when the Ministry of Health cease to be responsible for them.

It was not possible to establish any new Child Welfare Centres in 1944. Indeed, the number of sessions held in the Centres was slightly less than in the preceding year, and the attendances made by mothers were fewer, though the number of

attendances of babies increased. A comparison of the last five years is shown in the table below :—

<i>Year.</i>	<i>Sessions held.</i>	<i>Total Attendances of Mothers.</i>	<i>Total Attendances of Babies.</i>
1940	2,276	61,448	60,822
1941	2,564	69,099	63,602
1942	2,768	75,854	65,791
1943	2,784	80,586	71,832
1944	2,651	74,740	73,695

While the increase in the use of the Ante-Natal Clinics was not so great as that shown in the last Report, the upward trend was continued. Since 1940 the number of expectant mothers attending the Council's Clinics has increased from just over nine hundred to nearly two thousand.

<i>Year.</i>	<i>Number of expectant mothers attending Clinics.</i>	<i>Total Attendances.</i>
1940	907	2,595
1941	1,347	4,329
1942	1,580	6,093
1943	1,985	6,473
1944	1,995	6,743

The work of the Health Visitors has steadily grown in the last few years. Mere figures do not necessarily reflect the value of a clinic service or of the health visiting in the area, but, even when that is admitted, the total of 76,143 visits is an impressive indication of the volume of work. There can be little doubt that the Health Visitors' work is widely appreciated and they have given very valuable service in many directions during the war.

The care of illegitimate children received consideration during the year by this Authority and by the other Welfare Authorities in the Administrative County. A scheme was prepared for the establishment of a Joint Committee, representing all these

Authorities, and for the provision of a hostel for unmarried mothers and their babies. Despite continued efforts, it was not possible to find suitable premises for the hostel and at the end of the year no real progress had been made. It is satisfactory to report that at the time of writing a hostel has been obtained and a detailed report will be given next year.

In 1938 a survey was made of the premises in use as Child Welfare Centres and as a result a programme of new clinics was prepared. The outbreak of war prevented progress with these schemes, though some clinics had been built and Newbiggin, Seaton Delaval and Shiremoor have had the benefit of new specially designed premises. The last two Reports have referred to the need for better premises for the clinics, and attention should again be drawn to the need for proceeding with the programme, and indeed extending it as soon as building conditions permit. The need is urgent. There can be no doubt of the value of providing the best possible premises for this work, and at present many of the clinics are held under conditions which are most unsatisfactory.

Dilston Hall Maternity Home.

During the year the number of deliveries in the Home had to be restricted as part of the available accommodation had to be used as ante-natal beds for evacuated expectant mothers from the London area during the attacks by flying bombs and rockets. This was achieved by restricting at least for a time the admission of local cases and only abnormal ones were taken into the Home. With decreasing numbers of London cases in the last months of the year, a return to normal procedure was possible.

The total number of patients admitted was 925 and 898 babies were born, twin deliveries occurring in 11 instances. This was a reduction of 287 patients and 273 babies on the previous year. There were 23 still-births, giving a still-birth rate of 2.5%, which was an appreciable increase. The neo-natal death rate also rose to 1.6%, compared with 1.1% in 1943. There was one maternal death, the patient suffering from nephritic toxæmia.

Seventeen cases of notifiable puerperal pyrexia occurred, the rate of 1.89% being a rise on the previous year's figure. All the mothers made satisfactory recoveries. Forceps deliveries occurred in 49 cases and Caesarean Section was performed on 24 patients. Local anaesthesia continued to play an increasingly

large part in these surgical procedures, with benefit to both mother and baby. Blood transfusion was given to 16 patients, mainly for microcytic anaemia in pregnancy, though emergency transfusion was needed in three cases for shock and severe haemorrhage.

The incidence of hypertensive toxæmias was slightly increased and 91 cases were treated. Only three of these were very severe, but the only maternal death occurred in this group.

Seven hundred and two babies were completely breast fed on discharge from the Home. This was 80% of the total number of babies discharged.

Mona Taylor Maternity Home.

The first complete year's working of the Home proved to be most successful, and the Home has become a valuable addition to the maternity hospital accommodation in the area. A total of 497 patients were admitted during the year, and 489 babies were born. The still-birth rate was 1.45% and the neo-natal death rate 1.02%. Four hundred and nine babies, 84% of the total births, were completely breast fed on leaving the hospital.

Forceps were applied in 19 cases and all the mothers and babies did well. The notifiable pyrexia rate was 2.07%, ten cases being involved. No maternal death occurred during the year.

An Ante-Natal Clinic is held twice weekly at the Hospital and every endeavour is made to ensure that patients attend at the 36th week for ante-natal examination. Only booked cases are admitted and patients on booking are informed that they will be required to make one attendance at the ante-natal clinic, and appointments are made for them. Routine ante-natal care is given by the patients' own doctor or at the County Ante-Natal Clinics.

The work of the Home was supervised throughout the year by Professor Farquhar Murray and Dr. Hunter.

Detailed reports of the work of these two Homes were circulated to members of the Committees concerned. The combined records show that 1,422 patients were admitted to maternity homes administered by the County Council and 1,387 babies were born there.

Neo-Natal Deaths.

Reference has been made to the fact that the infantile mortality rate for the County Welfare Area fell to 41 per 1,000

births. An examination of the deaths before the age of one month also shows a decline. There were 84 such deaths, a rate of 20 per 1,000 births. The causes of death are shown below :—

Prematurity	46
Respiratory Conditions	13
Neo-natal Sepsis	7
Congenital Deformities	5
Gastro-intestinal conditions	4
Cerebral conditions	5
Inanition	1
Post Maturity	1
Pemphigus and Jaundice	1
Accidentally	1

—
84

Comparison with 1939 shows that in that year there were 99 neo-natal deaths out of a total of 175 infant deaths and the rate was 31 per 1,000. This improvement has taken place during a period when confinements in hospital have steadily increased, and the institutional care of premature babies has probably played a part in bringing it about.

BLIND WELFARE.

Registration.

The number of blind persons on the register on 31st December, 1944, was 544 as compared with 516 the preceding December. During the year 80 names were added to the register (as compared with 63 the previous year), 13 being blind persons who had removed into the County and 67 who were certified blind by the County Council Ophthalmic surgeons.

Thirty-five blind people died during the year ; 4 were decertified and 13 left the County.

As compared with 102 cases referred to the Department during 1943, 107 patients were referred and subsequently examined by the County Council Ophthalmic surgeons during 1944, of whom 67 were certified blind and 40 not blind.

Financial Assistance.

During the year the Blind Persons Act Committee amended the regulations for providing domiciliary assistance to unin-

ployable and other necessitous blind persons, the scale allowances being revised as follows :—

	<i>Old Rate</i>	<i>New Rate</i>
	(which included a cost of living (now basic). bonus).	
Single blind persons between 18 and 21 years of age ...	23/5	25/-
Single blind persons over 21 years of age	32/6	35/-
Married couple, one of whom is blind	45/6	45/6

In addition, rent allowances were increased. Where the rent exceeds 5/- per week, the amount of rent paid in excess of that sum may be granted up to a maximum of 10/- per week ; hitherto only half the amount of rent above 5/- (up to a maximum of 5/-) was paid. Rent allowances may be paid to blind married men or to single blind persons who are householders.

During the year 86 new applications for financial assistance were considered by the Committee and in December 330 blind persons were in receipt of an allowance, as compared with 305 the preceding year.

Nicholas Garrow Home for the Blind.

The Blind Persons Act Committee had been giving consideration to the question of providing a Home for Blind People for some time, and, as a temporary measure, it was decided to take over one of the homes making up the general institutional group of Public Assistance buildings at Stannington—the Thomas Taylor Homes—for this purpose.

The Home, which was opened in May, has accommodation for 12 residents—six males and six females—and all the accommodation for the blind people is on the ground floor. The Blind Persons Act Committee are responsible for the maintenance charges in respect of each resident. The Committee decided to name the Home “ The Nicholas Garrow Home for the Blind ” as a mark of appreciation of the work of the Chairman for the blind people of the County.

The blind people have settled happily in the Home, which is visited periodically by the Home Visitors and members of the

Committee. The Committee hope to open an independent Home with accommodation for 20 to 25 blind persons when suitable premises can be found.

Social Welfare.

Five voluntary societies for the blind functioned during the year and, as far as war-time conditions permitted, outings and concerts were arranged. During the summer about 200 blind people and friends visited Blagdon Hall through the courtesy of Lord and Lady Ridley. During the year the National Institute for the Blind contributed the sum of £1,252 16s. 6d. to the Northumberland County Blind Persons Trust Fund, out of which Fund grants are made to the respective voluntary societies for social welfare purposes and monetary gifts are given to registered blind persons twice a year. Bedding and clothing are also provided out of the Fund where there are cases of extreme hardship.

The Social Club opened at Wallsend during 1943 continued to function, the members meeting once a week.

Prevention of Blindness.

During the year eight patients were admitted to the Newcastle upon Tyne Eye Hospital or the Royal Victoria Infirmary for operative treatment under the County Council's Prevention of Blindness Scheme, five of these patients being registered blind persons, while the names of the other three were on the Prevention of Blindness Register. Only two patients remained blind after treatment.

Under the Scheme, the County Council arranges for necessitous patients to be received as private patients in the Royal Victoria Infirmary, Newcastle, or the Eye Hospital, Newcastle, and is responsible for the fees incurred. The County Council pays the travelling expenses of necessitous patients attending the Out-Patients Departments for treatment, and is responsible for the payment of a fee of 2/- in respect of each attendance made by a patient ; spectacles to the prescription of an ophthalmic surgeon are provided free of charge, and diabetic patients are supplied with insulin at cost price or free of charge.

35 patients were supplied with spectacles under this Scheme during the year.

Under the Scheme, the County Council pay a fee of 2/6 to medical practitioners for the notification of persons threatened

with blindness, providing no previous notification of the respective patients has been received.

Wireless for the Blind.

The Department continued to distribute wireless sets in the County to blind persons on behalf of the British "Wireless for the Blind" Fund. The "Fund" was unable to supply any new sets during the year owing to difficulty in obtaining supplies from the manufacturers, but arrangements were made for rediffusion to be installed in the homes of 14 blind persons and old sets were redistributed to 12 blind persons. Blind persons were supplied with certificates to enable them to obtain free wireless licences.

CIVIL DEFENCE CASUALTY SERVICES.

Towards the end of the year the gradual reduction in the strength of the Casualty Services was increased and all the First Aid Posts in the County were closed on 15th November. The Ambulance Service was maintained on a reduced basis and continued to operate into 1945.

At the end of December only a small number of personnel was retained apart from the Ambulance Service to clear up stores and equipment, and all the premises previously occupied were vacated. All the equipment was withdrawn and stored centrally at The Willows, Morpeth, with the sanction of the Education Committee.

CIVIL NURSING RESERVE.

The work of the Northumberland Local Emergency Organisation continued to be carried out by the Department and the interviewing of candidates was undertaken by members of the staff of the Department and by the Matrons of Hexham Emergency Hospital and Berwick Infirmary, as in previous years. Candidates were medically examined by the Assistant County Medical Officer and the staff of Hexham Emergency Hospital. Arrangements were made for a few candidates to be examined by their own medical attendants.

The training of candidates was arranged at the Royal Victoria Infirmary, Hexham Emergency Hospital and the Durham County Hospitals. No candidates were trained at the Newcastle General Hospital during the year and Hexham Emergency

Hospital did not find it possible to hold training courses after June on account of the pressure of work.

As from the middle of July new applicants desiring to join the Civil Nursing Reserve as assistant nurses were required to be on the Roll of Assistant Nurses set up by the General Nursing Council for England and Wales as a result of the Nurses' Act, 1943. Existing assistant nurse members and those nursing auxiliary members who had the required experience were advised to apply for admission to the Roll of Assistant Nurses, but, on account of the large number of applications submitted to the General Nursing Council and the considerable amount of work involved, the results were not known by the end of the year.

The appointments of members of the Civil Nursing Reserve who were employed in a full-time capacity at the First Aid Posts in the County were terminated on the 15th November, along with other Civil Defence workers, with the exception of the Sister-in-Charge of the Whitley Bay No. 1 Post, whose appointment was extended to 31st December. Those members who were available for hospital services were transferred to hospital, but the majority found it necessary to resign. In view of the fact that the First Aid Posts in the County were closed down at this time, the services of part-time members allocated to the Posts were also terminated.

The registered members of the Civil Nursing Reserve numbered 775 at the end of 1944, compared with 988 at the end of 1943, made up as follows :—

			1944	1943
Trained Nurses	.....	.....	54	77
Assistant Nurses	.....	.....	57	87
Nursing Auxiliaries	.....	.....	664	824

The reduction was again due to the withdrawal from the Register of many ineffective members and also the resignation of members who had previously served at the First Aid Posts.

CONCLUSION.

It is hoped that this brief Report will give an outline of the work of the Council's Health Services and some indication of the

state of health of the whole County as shown by the Registrar-General's statistics.

The Health Department worked at considerable pressure and with little respite throughout the year. In concluding I wish to thank all the members of the staff of the Department for their help and for the work they carried out.

Finally, I would again record my appreciation of the support which I have received at all times from the Chairman and members of each of the Committees to which the Department is responsible.

I am, My Lords, Ladies and Gentlemen,

Your obedient Servant,

JOHN B. TILLEY,

County Medical Officer.

July, 1945.

—:O:—

TABLES OF
STATISTICS
FOR 1944

—:O:—

TABLE 2.

VITAL & MORTALITY STATISTICS.

The following table shows the principal vital and mortality rates for the years 1892-1944 (inclusive).

Year.	Birth rate per 1,000 living.	General death rate per 1,000 living.	Infant mortality rate per 1,000 births.	Zymotic death rate per 1,000 living.	Death Rate from Respiratory Tuberculosis per 1,000 living.
1892	33.25	18.41	130.00	1.42	1.67
1893	33.22	18.50	160.00	2.35	1.67
1894	31.76	16.12	131.73	1.51	1.56
1895	32.59	18.72	156.28	2.29	1.62
1896	31.75	15.87	136.74	1.46	1.43
1897	31.57	16.73	150.66	1.69	1.50
1898	30.88	17.44	169.80	1.99	1.32
1899	31.46	17.71	173.88	2.29	1.27
1900	31.24	17.53	160.31	1.73	1.38
1901	33.22	18.72	183.57	2.80	1.25
1902	32.76	16.63	126.90	1.40	1.25
1903	32.58	16.81	145.43	1.58	1.19
1904	29.42	17.12	168.69	1.99	1.17
1905	30.41	15.01	133.57	1.26	1.02
1906	29.09	14.52	136.28	1.51	1.04
1907	28.25	13.51	112.93	1.03	1.00
1908	29.46	14.82	146.41	1.28	0.95
1909	28.43	13.39	106.99	1.03	1.01
1910	26.91	12.99	114.73	1.01	0.93
1911	27.48	13.96	136.79	1.94	0.98
1912	27.05	12.98	93.80	1.02	0.86
1913	26.43	13.61	111.39	1.28	0.91
1914	26.61	13.31	113.78	1.33	0.91
1915	24.42	15.82	122.00	2.04	1.03
1916	21.91	13.75	101.00	0.84	1.10
1917	20.39	13.60	101.00	0.97	1.06
1918	21.54	17.26	101.00	1.07	1.22
1919	22.14	14.11	102.00	0.92	0.97
1920	28.30	12.89	90.00	0.76	0.92
1921	25.50	12.42	95.00	1.01	0.87
1922	22.54	12.72	87.00	0.41	0.88
1923	22.56	11.33	76.00	0.74	0.85
1924	22.18	12.06	83.00	0.40	0.82
1925	20.88	11.63	82.00	0.67	0.78
1926	20.02	11.37	77.00	0.53	0.73
1927	17.90	11.53	77.00	0.27	0.81
1928	18.37	11.39	67.00	0.28	0.68
1929	16.79	12.22	81.00	0.65	0.74
1930	17.13	11.02	62.00	0.23	0.78
1931	16.66	12.24	77.00	0.41	0.75
1932	15.94	11.33	67.00	0.25	0.68
1933	15.42	11.93	71.00	0.31	0.65
1934	15.48	11.78	69.00	0.43	0.60
1935	15.60	11.67	71.00	0.32	0.53
1936	15.26	12.02	70.00	0.30	0.55
1937	15.16	12.67	66.00	0.26	0.54
1938	15.00	11.76	64.00	0.31	0.40
1939	14.80	11.84	55.50	0.20	0.52
1940	15.00	12.44	59.00	0.17	0.55
1941	15.07	12.84	74.00	0.25	0.51
1942	16.39	11.59	54.00	0.20	0.39
1943	17.61	12.50	56.00	0.18	0.51
1944	19.87	12.16	48.00	0.21	0.50

TABLE 3.

Infectious Diseases.

CIVILIANS ONLY.

Notifications of Infectious Diseases received during the year 1944 under Sec. 17 (3) of the Sanitary Officers (Outside London) Order 1935.

SANITARY DISTRICTS	Small-pox.	Enteric Fever.	Paratyphoid Fever.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Erysipelas.	Measles.	Pneumonia.	Puerperal Pyrexia.	Totals
<i>Boroughs</i>											
Berwick ...	—	—	1	2	1	9	3	168	9	—	193
Blyth ...	—	—	—	114	156	104	12	723	39	3	1,151
Morpeth ...	—	—	—	7	8	14	5	116	10	—	160
Wallsend...	—	—	—	120	162	62	13	152	94	2	605
<i>Urban Districts</i>											
Alnwick ...	—	—	—	6	5	2	—	3	—	—	16
Amble ...	—	—	—	1	15	—	—	—	—	—	16
Ashington ...	—	1	—	79	34	34	4	20	18	2	192
Bedlingtonshire	—	—	—	21	44	85	10	144	30	2	336
Gosforth ...	—	—	—	54	31	9	3	217	30	1	345
Hexham ...	—	—	—	18	1	17	1	—	7	2	46
Longbenton ...	—	—	—	69	20	105	7	28	5	1	235
Newbiggin-by-the-Sea	—	—	—	13	34	27	5	16	47	1	143
Newburn...	—	1	—	78	16	116	5	106	33	3	358
Prudhoe ...	—	—	—	13	11	5	1	65	4	—	99
Seaton Valley ...	—	—	—	63	13	138	4	76	7	2	303
Whitley Bay	—	—	—	138	68	56	8	136	42	—	448
<i>Rural Districts</i>											
Alnwick ...	—	—	—	9	5	9	1	17	2	—	43
Belford ...	—	—	—	11	7	—	3	35	10	—	66
Bellingham ...	—	—	—	9	1	1	—	2	9	2	24
Castle Ward ...	—	—	—	17	10	9	4	29	12	1	82
Glendale ...	—	—	—	5	79	—	2	73	10	—	169
Haltwhistle	—	—	—	25	—	3	2	2	2	—	34
Hexham ...	—	—	—	29	28	3	5	32	5	17	119
Morpeth ...	—	—	—	18	17	8	1	35	1	3	83
Norham & Islandshires	—	—	—	6	18	—	—	79	—	1	104
Rothbury ...	—	—	—	1	50	1	14	1	22	—	89
Totals ...	—	2	1	926	834	817	113	2,275	448	43	5,459

TABLE 4.

TUBERCULOSIS *Deaths and Death Rates — 1944.*

	Respiratory Tuberculosis.				Other Tuberculous Diseases.				Tuberculosis (all forms)			
	Deaths.	Death Rates per 100,000 living.	Increase in rates since 1943	Decrease in rates since 1943.	Deaths.	Death Rates per 100,000 living.	Increase in rates since 1943.	Decrease in rates since 1943.	Deaths.	Death Rates per 100,000 living.	Increase in rates since 1943.	Decrease in rates since 1943.
Administrative County	195	50	—	1	43	11	—	2	238	61	—	3
Urban Districts ...	160	54	—	4	29	10	—	4	189	64	—	8
Rural Districts ...	35	37	3	—	14	14	6	—	49	51	9	—
England and Wales ...	—	52	—	3	—	10	—	1	—	62	—	4

It will be noticed that the death rate in respect of the whole Administrative County from all forms of Tuberculosis in 1944 was 61 per 100,000 living persons. In 1900 the rate was 200. The percentage of deaths from Tuberculosis in 1900 was 11.4 against 5.01 in 1944.

The total number of deaths from all causes in 1900 was 6,822, whilst in 1944 it was 4,748.

TABLE 5.

Tuberculosis Notifications.

Notifications and Mortality at specified age periods during the year 1944.

Age Periods	*New Cases.						Deaths					
	Respiratory			Non-Respiratory			Respiratory			Non-Respiratory		
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
0—	1	—	1	3	1	4	2	—	2	2	3	5
1—	7	5	12	9	8	17	—	1	1	2	6	8
5—	30	22	52	17	24	41	1	3	4	1	3	4
15—	179	189	368	24	39	63	57	67	124	9	10	19
45—	51	17	68	2	6	8	42	11	53	2	3	5
65 and upwards	4	1	5	—	1	1	7	4	11	—	2	2
	272	234	506	55	79	134	109	86	195	16	27	43

* Includes new cases coming to the knowledge of the County Medical Officer other than by formal notification.

TABLE 6.

Return showing the work of the Dispensaries during the year 1944.

[illegible]

TABLE 7.

Residential Treatment.

	Wooley Sana- torium	Preston Emergency Hospital.	Hexham Emergency Hospital.	Ponteland Emergency Hospital.	Children's Sana- torium.
Admissions ...	268	87	24	32	82
Discharges ...	272	84	7	20	94
Total Number of Patients who re- ceived treatment during the year	437	120	28	33	148
Total Number of Patient days ...	61,602	11,940	5,085	2,003	22,480
Number Patients receiving treat- ment at end of year ...	165	36	20	12	54

TABLE 8

Tuberculosis Allowances.

<i>Maintenance</i>	<i>Domicil.</i>	<i>Institutional</i>	<i>Total</i>
Number of patients in receipt of Allow- ances on 1st pay day in 1944 (12th January, 1944) ...	138	28	166
New Cases ...	202	32	234
<i>Total number who received allowances during year</i>	340	60	400
<i>Number in receipt of Allowances on 31st December, 1944</i> ...	81	45	126

Number who received Special Payments during year ...	...	...	...	25*
Discretionary Allowances during year ...	...	...	...	10
Number in receipt of Special payments 31st December, 1944 ...	...	...	...	16*
Discretionary Allowances at December 31st, 1944	...	...	...	5

*Travelling expenses

Expenditure.

Domiciliary	Institutional	Total
£6,318 2 7d.	£2,955 17 8d.	£9,274 0 3d.

TABLE 9

Tuberculosis After-care

July 12th—December 31st, 1944.

Number of Care Committees set up.

3 At Wallsend, Blyth and Ashington.

Number of Cases referred to Almoner.

291

Number of Cases referred to Care Committees

104

Details of Help given.

Extra Nourishment	...	...	...	...	...	...	30
Supplying Coupons	...	...	...	...	...	...	22
Clothing	...	...	...	...	...	...	21
Beds and Bedding	...	...	...	...	...	...	43
Surgical appliances	...	...	...	...	...	...	3
Convalescence (non T.B.)	...	...	...	...	...	...	25
Assistance <i>re</i> allowances	...	...	...	...	...	...	33
Contacts	...	...	...	...	...	...	6
Hospital Visits	...	...	...	...	...	...	5
Other forms of help	...	...	...	...	...	...	80
Referred to Housing Committees	...	...	...	...	...	...	29

Referred to other Agencies.

P. A. C.	...	...	...	...	...	...	24
British Legion	...	...	...	...	...	...	18
S. S. & A. F. A.	...	...	...	...	...	...	7
Ministry of Labour	...	...	...	...	...	...	42
Assistance Board	...	...	...	...	...	...	15
Education Authority	...	...	...	...	...	...	2
Board of Trade	...	...	...	...	...	...	17
Tynside Council of Social Service	...	...	...	...	...	...	5
Poor Childrens' Holiday Association	...	...	...	...	...	...	7
Red Cross Emergency Help Fund	...	...	...	...	...	...	1

Visited in their homes by Almoner.

93

TABLE 10.
COUNTY LABORATORY.

The total number of examinations carried out was 41,271.

Analysis :

Tuberculosis examinations.

Microscopical.

Sputum	...	...	...	...	...	...	...	2,511
Others	...	...	...	...	...	...	...	103

Biological.

Sputum	...	...	...	...	...	...	...	26
Others	...	...	...	...	...	...	...	36

Diphtheria, etc.

Swabs from nose, throat, etc., for B. Diphtheria...	...	...	...	...	...	...	...	11,169
Swabs for Haemolytic Streptococci	...	...	...	...	...	...	...	2,556
Others	...	...	...	...	...	...	...	268

Enteric Fever, Dysentery, etc.

Blood for agglutination	...	...	...	...	...	...	...	58
Faeces and urine, etc.	...	...	...	...	...	...	...	234
Others	...	...	...	...	...	...	...	6

Meningitis.

Cerebro-spinal fluid	...	...	...	...	...	...	...	12
Post nasal swab	...	...	...	...	...	...	...	4

Miscellaneous samples examined.

not otherwise classified

For general bacteriological examination	...	...	...	...	...	...	...	469
Others	...	...	...	...	...	...	...	129

Venereal Diseases.

Total specimens examined	20,458
--------------------------	-----	-----	-----	-----	-----	-----	-----	--------

Distributed as follows :—

On behalf of Joint Committee's Clinic... 6,797

For hospitals & institutions :—

County	...	...	...	...	...	...	...	4,258
City of Newcastle	...	...	...	...	...	...	...	8,501
								<hr/>
								12,759

For private practitioners :—

County	...	...	...	...	...	...	...	602
City of Newcastle	...	...	...	...	...	...	...	300
								<hr/>
								902

Analysis.

Syphilis	...	...	...	...	...	...	...	16,973
Gonorrhoea	...	...	...	...	...	...	...	3,485

Milk—examination of samples.

For cleanliness test (Methylene Blue & Plate Count) ... 1,788

Classified as follows :—

Ordinary milks	...	...	...	...	...	...	...	669
Designated milks	...	...	...	...	...	...	...	1,119

For B. Tuberculosis ... 1,207

Water—samples examined ... 237

TABLE 11
Venereal Diseases Specimens.

	COUNTY			CITY	
	Joint Comm. Clinic.	Hospital and Institution.	Private Pract.	Hospital and Institution.	Private Pract.
Micro' Sp. pallida ...	—	1	2	—	—
Micro' gonococci ...	—	7	107	4	48
Blood for W.R. ...	3485	1669	447	3033	229
Blood. MKR. II. ...	2535	9	3	22	2
C.S.F. W.R.... ...	121	49	5	466	1
C.S.F. Goldsol ...	120	12	1	—	—
Blood. G.c.f.t. ...	536	295	37	215	20
	6797	2042	602	3740	300

In addition to the above, 6,977 specimens of blood from patients attending Ante-natal clinics were examined by flocculation test (MKR. II), with supplementary W.R.'s where necessary ; 4,761 of these were from clinics in the City and 2,216 from clinics in the County.

TABLE 12
Milk Samples for B. Tuberculosis.

<i>District.</i>	<i>Incon- clusive.</i>	<i>Positive.</i>	<i>Negative</i>	<i>Total.</i>
County Health Dept ...	5	16	305	326
Blyth ...	3	6	159	168
Morpeth ...		1	19	20
Wallsend ...		2	4	6
Ashington ...	1	2	41	44
Bedlington ...		2	38	40
Gosforth ...		2	48	50
Hexham ...			14	14
Longbenton ...		7	36	43
Newbiggin ...	1	1	4	6
Newburn ...	1	2	16	19
Seaton Valley ...	1	2	69	72
Whitley Bay ...	2	9	129	140
Morpeth Rural ...	2	2	14	18
	16	54	896	966

241 samples were submitted by the Ministry of Agriculture and Fisheries and were examined by biological test. Of these, 57 were single samples, 15 found to be positive, and 184 were bulk samples, 21 found to be positive.

TABLE 13

Milk Samples for Methylene Blue Reduction Test and Plate Count

<i>District.</i>	<i>Tuberculin Tested</i>	<i>Accredited</i>	<i>Pasteurised (Plate Count)</i>	<i>Ordinary</i>	<i>Total</i>
County Health Department ...	201	675	11	38	925
Blyth ...	8	1	63	172	244
Morpeth ...	—	2	—	39	41
Wallsend ...	—	1	11	12	24
Ashington ...	5	—	6	43	54
Bedlington ...	1	—	1	38	40
Gosforth ...	9	19	8	42	78
Hexham ...	—	—	1	7	8
Longbenton ...	—	4	8	42	54
Newbiggin ...	1	—	—	7	8
Newburn ...	—	—	5	30	35
Seaton Valley ...	—	47	2	67	116
Whitley Bay ...	15	7	7	118	147
Bellingham ...	—	—	—	4	4
Morpeth ...	—	—	—	10	10
	240	756	123	669	1,788

The results of the Examinations were as follows :—

<i>Classification.</i>	<i>Complied with Standard.</i>	<i>Did not comply. Number</i>	<i>per cent.</i>	<i>Total.</i>
Tuberculin Tested	152	88	36.6	240
Accredited ...	444	312	41.3	756
Pasteurised ...	97	26	21.1	123
Ordinary ...	384*	285	42.6	669
	1,077	711	39.6	1,788

*With standard for Accredited Milk.

School milks in- cluded among the above	39	14	26.4	53
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TABLE 14.

MATERNITY & CHILD WELFARE.

Cases attended by Midwives.

Year	By C.N.A. Midwives			By County Council Midwives			In *Institutions.			In Independent Practice.		
	Mid.	Mat.	Total	Mid.	Mat.	Tot.	Mid.	Mat.	Total	Mid.	Mat.	Tot.
1940	1,415	2,637	4,052	378	137	515	145	204	349	71	19	90
1941	1,467	2,424	3,891	385	136	521	243	463	706	18	3	21
1942	1,528	2,316	3,844	365	127	492	646	501	1,147	22	22	44
1943	1,526	2,440	3,966	371	133	504	658	522	1,180	13	15	28
1944	1,686	2,551	4,237	492	155	647	1,092	621	1,713	27	26	53

* Excluding Dilston Hall.

Inspection of Midwives.

The total number of visits of inspection made by Inspectors of Midwives and Assistants was 1,242.

TABLE 15.

Number of Midwives employed.

By C.N.A.	By Council	Private Practice	IN INSTITUTIONS.					
			Dilston Hall	Cor-bridge	Stag-shaw	Wall-send	Halt-whistle	Mona Taylor
166	7	8	12	8	4	4	4	8

TABLE 16.
Maternal Mortality.

Year	Puerperal Sepsis.		Other Puerperal Causes.		Total Deaths	Rate per 1,000 Births.	Total Births (live and still).
	Deaths	Rate per 1,000 Births	Deaths	Rate per 1,000 Births			
1935	9	1.36	14	2.11	23	3.47	6,612
1936	10	1.54	16	2.47	26	4.01	6,477
1937	6	0.93	20	3.11	26	4.04	6,430
1938	4	0.63	14	2.20	18	2.83	6,350
1939	3	0.47	17	2.68	20	3.15	6,356
1940	8	1.23	20	3.08	28	4.31	6,502
1941	8	1.24	16	2.47	24	3.71	6,469
1942	7	1.04	12	1.78	19	2.82	6,746
1943	5	0.70	8	1.13	13	1.83	7,094
1944	6	0.75	10	1.26	16	2.01	7,966

TABLE 17.
Puerperal Pyrexia.

Year	Total Cases Notified.	Treatment at	
		Home.	Hospital.
1940	33	26	7
1941	32	15	17
1942	22	12	10
1943	31	9	22
1944	32	8	24

TABLE 18.
Ophthalmia Neonatorum.

No. of births attended by Midwives as such	Total Cases Notified.	Total Admitted to Hospital.	Nursed at Home.	Total Recovered.
3,297	21	16	5	21

TABLE 19.

Notification and Registration of Births.

Year	Notified Births			Registered Births			Illegitimate Births (included in Registered Births).		
	Live	Still	Total	Live	Still	Total	Live	Still	Total
1944	3,845	48	3,893	4,093	106	4,199	248	10	258

TABLE 20.

Health Visiting Service.

Summary of visits made by the staff for Maternity and Child Welfare purposes :—

Year	Live Births Registered in County Welfare Area	First Visits to Infants	Revisits to Infants under the age of 1 year	Visits to Children Age 1—5 years	Ante-natal Visits	
					First Visits	Re- Visits
1940	3,313	2,429	17,390	38,138	503	643
1941	3,364	3,261	18,739	40,611	744	625
1942	3,605	3,191	18,389	37,482	795	559
1943	3,648	3,495	21,452	40,700	719	726
1944	4,093	3,978	25,406	45,205	710	844

TABLE 21.

Ante-natal Care of Mothers.

Ante-natal Cases.		Post-natal Cases.		Rural Ante-natal Scheme
Total No. of Expectant mothers who attended the Centres.	Total attendances of Expectant Mothers.	Total No. of mothers who attended the Centres	Total attendances of mothers at all Centres.	No. of Consult- ations.
1,995	6,743	132	146	11

TABLE 22

Service of Home Helps.

46 cases were attended during the year.

TABLE 23

Dental Services

	1943					1944				
	No. of Attend-ances.	No. of Extract-ions.	No. of Fillings	No. of Dent-ures Fitted	No. of General Anaes-thetics.	No. of Attend-ances.	No. of Extract-ions.	No. of Fillings	No. of Dent-ures Fitted.	No. of General Anaes-thetics.
Service.	Mothers	Mothers	Mothers		Mothers	Mothers	Mothers	Mothers		Mothers
	Pre-School Children	Pre-School Children	Pre-School Children		Pre-School Children	Pre-School Children	Pre-School Children	Pre-School Children		Pre-School Children
Maternity and Child Welfare	3054	4344	128		26	2754	3703	148		34
Totals	3252	4813	143	581	65	2939	4114	170	Re-pairs 51	81
Tuberculosis Patients	459	283	108	40	—	432	276	127	24	—
Public Assistance Pat-ients	221	320	2	Dents, Re-Fitted pairs 4	5	273	208	—	Dents, Fitted 81	2
Mentally Defective Patients	437	203	4	45	9	322	210	5	23	—
Blind Welfare Patients	73	105	—	14	3	37	23	1	5	—
TOTALS	4442	5724	257	756	82	4003	4831	303	602	83

TABLE 24

VENEREAL DISEASES REGULATIONS.

Treatment at the Joint Committee's Clinic, Newcastle,
during years, 1943 and 1944.

	1943			1944		
	Males	Fem.	Tot.	Males	Fem.	Tot.
1—Under treatment or observation at beginning of year	354	364	718	355	375	730
2—Returned for treatment after having ceased to attend during any previous year	8	5	13	5	2	7
3—Dealt with for the first time —						
Syphilis	81	61	142	62	58	120
Soft Chancre	5	—	5	6	1	7
Gonorrhoea	132	74	206	91	59	150
Non-venereal and undiagnosed conditions ...	304	275	579	296	268	564
	—522	—410	—932	—455	—386	—841
4—Number of cases dealt with for the first time known to have received treatment at other centres	71	25	96	48	17	65
5—Discharged after completion of treatment	421	377	798	443	326	769
6—Ceased to attend before completion of treatment	40	6	46	17	29	46
7—Number of cases which ceased to attend after completion of treatment but before final tests of cure	4	5	9	6	7	13
8—Transferred to other Centres, etc.	135	41	176	117	84	201
9—Under treatment or observation at end of year	355	375	730	280	334	614
10—Total number of attendances	8633	7693	16326	5296	6327	11623
11a—Total number of In-patients admitted for treatment during the year	17	69	86	42	76	118
11b—Aggregate number of In-patient days of treatment given	468	467	935	720	495	1215
12—Number of cases of congenital syphilis (included in item 3 above)	8	8	16	5	12	17

TABLE 25
Blyth Clinic
 (Commenced 2nd February, 1944).

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
1. Dealt with for the first time :—			
Syphilis... ..	17	31	48
Soft Chancre	—	—	—
Gonorrhoea	23	27	50
Non-Venereal and undiagnosed conditions	50	54	104
	— 90	—112	—202
2. Number of cases dealt with for the first time known to have received treatment at other centres ...	73	50	123
3. Discharged after completion of treatment... ..	52	72	124
4. Ceased to attend before completion of treatment... ..	—	12	12
5. Number of cases which ceased to attend after completion of treatment but before final tests of cure	3	6	9
6. Transferred to other Centres, etc.	64	13	77
7. Under treatment or observation at end of year	44	59	103
8. Total number of attendances ...	770	1,536	2,306
9. Number of Congenital Syphilis (included in "1" above) ...	5	1	6

TABLE 26.
Preston Hospital
North Shields

	1943	1944
Number of Cases dealt with for the first time :—		
Syphilis	11	13
Soft Chancre	—	1
Gonorrhoea	15	16
Non-Venereal and undiagnosed conditions	12	28
	<u>38</u>	<u>58</u>
Total Number of attendances	1,113	1,309

TABLE 27

BLIND PERSONS ACT.

Number of blind persons on the Register during 1944.

Number of blind persons on register 1st January 1944	...	516
<i>Names added to Register—</i>		
Removals to County	... .. 13	
Patients certified blind	... .. 67	80
		<hr/>
		596
<i>Names removed from Register—</i>		
Deaths	... .. 35	
Removals from County	... .. 13	
Decertified patients	... .. 4	52
		<hr/>
Number of blind persons on register on 31st December, 1944	...	<u>544</u>
Number of visits made by four Home Visitors	... ..	<u>7,323</u>

TABLE 28.

MENTALLY DEFECTIVE CASES UNDER GUARDIANSHIP.

The following table indicates the work done during the year 1944 :—

Number of cases at 1st January, 1944	... ..	112
Number of New Cases during the year	... ..	8
Number of Cases removed from Guardianship, admitted to Institutions or died during the year...	... ..	5
Number of Cases at 31st December, 1944	... ..	115
Number of Visits made by Health Visitors during the year		450